

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : d460d99f-455b-4b95-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 280777.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 29.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : 07cb3953-8ec7-4fb8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 280777.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 05 / 2014

Signature